Progress Report: Emergency Medicine in Southern Israel

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In the United States, debates about the "acceptance" of Emergency Medicine (EM) seem to belong to another era. Specialized care by Emergency Physicians (EPs) has become a widespread expectation held by patients and by medical providers. In other countries, however, EM has not reached the same stage of progress as a specialty. This is true even in countries where training programs of EM have leading roles in research and public policy. The case of Israel is particularly poignant. Israelis are highly skilled in preparing for and managing mass casualty trauma events, and are highly attuned to the needs of patients in the crisis setting.

At the same time, there has been a long struggle to establish EM training and specialty recognition. This paper will focus upon the development of EM in Israel, and at Soroka Medical Center in particular.

For four decades Soroka Medical Center has been the only teaching and referral hospital serving the southern half of Israel. Soroka is in Beersheva, an oasis in the desert and ancient city. Indeed, it is located just next door to the Gaza Strip. Today it is also a crossroads for 21st century medicine, and for the development of Disaster Preparedness and EM in Israel.

Not long ago, Soroka was overcrowded, over-crowded and in dire need of expansion and replacement. In the dangerous decade after Israel's first national independence, and the original building still has the appearance of a large concrete box. Today however the sky around the old building is filled with cranes and a crop of new buildings. Work is nearing completion on a revamped campus, and the gleaming, spacious 55-bed Emergency Department (ED) is the jewel in the crown. Attached to the ED is a 16-bed trauma facility with state-of-the-art fittings, monitoring and resuscitation equipment, and luxurious gauzy pavilions of elbow room. According to Dr. Yaron Ser, Chair of the Emergency Medicine (EM) specialty, the "EM is heartbreakingly busy."

Even without the burden of the current terror war, Soroka has always had a busy ED, handling nearly 200,000 visits per year. Soroka serves as the only tertiary referral center to several million people, and to the population of the Gaza Strip and Gaza itself. Soroka has been a model for disaster planning, and preparedness for weapons of mass destruction, are remarkable. In the new hospital wing, every wall and window has been designed to shield against nuclear, biological and chemical contamination. Metal coverings can be pulled down over every window to offer blast protection. Soroka is also small. Just 63 EPs were "grandfathered" into the specialty of EM. Just 63 EPs were "grandfathered" into the specialty by 2002. Despite the formal establishment of the specialty, the vast majority of EDs in Israel still operate in a divided fashion, with residents from various specialties staffing the pediatric areas of the ED, and divided primarily by physicians from those specialties. The Soroka ED is divided, and staffed by a mix of physicians and residents from EM and the other specialties. The turf wars which many American Emergency Physicians have left behind are just beginning in Israel.

At the same time, residents in all specialties receive intensive training in the Military Advanced Trauma Life Support (MATLS) program, which combines features of ATLS and Mass Casualty and Disaster Management. This is the paradox of EM in Israel. There are few places on Earth where doctors are more attuned to or more experienced in managing the sudden, the unexpected and the terrifying. Yet the specialty of EM is in its infancy. There is a real need for doctors with the special training and experience to deal with events of the world to learn from Israel, yet also to bring their own training, experience and resources to foster the growth of EM.


discussion

Beth Israel

Consilium Health Partners, Inc.